


<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/069,809	
	Filing Date	November 13, 2002	
	First Named Inventor	Sohn, Lydia L.	
	Art Unit	1634	
	Examiner Name	Robert T. Crow	
Total Number of Pages in This Submission	17	Attorney Docket Number	022363-000100US

ENCLOSURES <i>(Check all that apply)</i>				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply - Response to Restriction Requirement (14 pgs) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request - 1 pg in duplicate (2 pgs total) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard		
<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm Name	Townsend and Townsend and Crew LLP			
Signature				
Printed name	Randolph Ted Apple			
Date	February 24, 2006	Reg. No. 36,429		

CERTIFICATE OF TRANSMISSION/MAILING
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